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Excerpt from a radio talk by
W. W. Vincent, chief, western district,
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## HOW TO READ THE LABEL

## Dentifrices

Most tooth pastes consist essentially of precipitated chalk, soap and glycerine, sometimes with an astringent such as zinc sulphate, perhaps some boron compounds, together with an essential oil flavor and with or without artificial color. Some contain a vegetable gum and some few are sweetened with saccharine.

The tooth powders are essentially precipitated chalk, powdered soap, occasionally some soda. Frequently they contain talc - talcum powder as you know it - perhaps some boron salts and possibly an astringent such as zinc sulphate or alum. Some are sweetened with saccharine and the majority are flavored.

Most manufacturers add an abrasive, such as talc or chalk or volcanic ash. This serves to polish the teeth - "remove the film", some manufacturers term it. Second, they add a cleansing agent - a detergent, it is termed. This is represented by the soap. Third, some astringent, such as zinc sulphate, alum, or tannic acid may be included. It serves temporarily to contract the tissues. Manufacturers call it hardening the gums. Fourth, an antiseptic property may be added. This at least keeps the product from spoiling. As used in the mouth it has little or no antiseptic value, that is, it will not prevent germ growth. Fifth, palatability is considered. This in large measure influences the sale of such products. The sweetening or flavoring principles added determine its palatability.

Broadly speaking, a dentifrice is any powder, paste or liquid used in cleaning the teeth. Manufacturers present you all types. They present them in different manners with various claims. The magazines, the bill-boards, the radio, carry the messages to save your teeth. Not only would some manufacturers clean your teeth, but they leave you to infer that all your teeth and gum ills will vanish with the use of their tooth paste. You are led to believe that these preparations, in addition to their cleansing qualities, are likewise medicinal in their properties. Many make "curative" claims for pyorrhea.

Pyorrhea, sometimes called Riggs Disease, is the disease you most frequently see referred to as either prevented or checked or completely remedied by the use of tooth paste. There has not yet been a tooth powder, paste, or liquid placed upon the market that is a remedy for pyorrhea. And this is why -

Medically speaking, pyorrhea is that disease which manifests itself as a pyogenic inflammation of the gums, or as a suppuration of the superficial or surface membrane of the roots of the teeth, which tends to loosen the latter by detaching them from the surrounding tissue. The word, "pyogenic", means to produce pus, as also does the word, "suppuration". Where you have pus you have an infection. Anything that irritates the gums, such as badly fitting crowns, imperfect fillings, rough edges on the teeth, tooth cavities, cuts or abrasions, or tartar on the teeth may cause pyorrhea.

Where pyorrhea has reached the advanced stage, the teeth may become loosened and, to treat the disease effectively, it may become necessary to extract the teeth, clean the infected gums, and perhaps even scrape the jawbone in order to rid the mouth of the accompanying infection. In the early stages, pyorrhea shows itself through tenderness, redness, or swelling of the gums. Frequently, they bleed when touched. The accompany infection spreads to the bony tissue surrounding the teeth and the teeth decay.

If you suffer from pyorrhea, or are threatened with it, do not rely on a tooth paste or other dentifrice to correct the condition.

The Government bears no ill will against any tooth paste manufacturer. All I ask is that he sell his product as a cleansing agent, and under a truthful label. The Food and Drug Administration requests you to believe only such medicinal claims as may appear upon the label or the circular matter accompanying the package.

According to competent dental surgeons, no tooth paste or mouth wash is capable of curing pyorrhea. This disease centers deeply in the gums and no surface antiseptic, used as a gargle, wash, or spray, or brushed upon the teeth, can reach the germs that cause it. Sufferers from this, and similar mouth diseases, should not rely upon washes, gargles, powders, or tooth pastes.

Some manufacturers assert that their mouth washes and dentifrices kill a certain number of bacteria in a given time, but manufacturers making these claims do not explain that experiments with the antiseptic material were carried out in the test tube and not in the mouth, and they also fail to state that the conditions in the mouth are not at all similar to those in the laboratory test tube. When one puts foreign material into the mouth, there is an immediate stimulation of the salivary glands. Any antiseptic taken into the mouth would be immediately diluted with mouth secretions, thus making dissimilar the conditions of mouth tests and test-tube tests. In spite of the claims of certain manufacturers that, "a considerable variety of germicides, which will destroy in the mouth every organism with which they come in contact, are known at the present time", the prospective buyer should remember that there is no antiseptic nor dentifrice known to science at present that could be expected to reach the deeply seated organisms which cause pyorrhea and related mouth ailments.

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